TRANSCRIPT OF14min mp3 dr Chetty Clinical Implications of Weaponised Bacteria Against the Host

Hi. Good evening to everyone. This is a presentation that I wanted to do yesterday, but we had some technical difficulties with doctor Shetty. And, for those who don't know me, I'm doctor Philip McMillan. Based in the UK.

I've been focused on COVID 19 from an autoimmune perspective. And one of the tremendous pleasures I've had over the many years is talking with doctor Shankara Shetty about his research and critically his interventions, from a South African perspective to save the lives of all his patients. Now I think it's very important to listen to what he has to say. And today, we're gonna be focused on the potential impact of weaponization of bacteria. So we're just usually just going to chat about what some of the thoughts that we have.

And so without any further ado, with a little bit of flash, let's bring in doctor Shetty. Great. Shankara, how are you? I think Hi, Philip. Nice to be well.

And, welcome to all the people watching us tonight. Excellent. So listen, Shankara. As I said, yesterday, we were planning to have this discussion, and then we we had some technical difficulties. I started to speak about, this this recent Carla Brockner paper, which we will go into in a little bit.

But before we go into that, Shankara, I just want you to remind the people again. Part of the reason why we're speaking, regularly with Shankara is that his license to practice medicine is on the threat for saving the lives of his patients as remarkable as it may seem. I want you, Shankara, to tell us a little bit about this paper that you had done in 2020. What was this about? Philip, I knew when the pandemic arrived, transitioned from UHAN to to Italy, that there was a nefarious agenda at play.

I had seen the insert in the genome of the virus and knew that it was likely lab made, and so I had to see patients. I had to understand the clinical presentation of how patients progressed into severe illness for me to try and negate that with the treatment strategy. So I looked at basically all the information that was available around the world, how people were dying, the clinical observations that were being made, the

understanding of the virus being a miss an RNA virus, how that usually, did did I I looked into the knowledge that we had already and looked at what was on the table and tried to figure out what we were dealing with. It was the reason I decided to see patients to understand clinical presentation and from that, understand why people did the pathophysiology around the illness itself. And very early on in the pandemic, when I started seeing patients, I understood the biphasic nature.

I understood that there was an immune dysregulation occurring at a point in time, and that was the critical point to address this. I also understood that that immune dysregulation might be tied into the insert into this virus. In that, it was something new. And, of course, we've been exposed to coronaviruses before, and we never have this kind of reaction. So I just looked at all the information around what was known, what was unknown, and tried to formulate a reasonable hypothesis of how to treat this.

When I got the treatment successes, my staff came to me and said, look. You gotta share this with the world. You're getting amazing results. Patients were recovering within a day overnight. And so I had decided I need to publish an academic paper, more an observational and clinical academic tour of COVID, the illness, the pathophysiology, the treatment strategies that should be employed and of course at that time I had seen about 200 patients.

This article was written in, May June 2020 and got published in September 2020 in an academic journal here in South Africa. So basically, I just wanted to direct, early treatment and understanding of what we were dealing with and of course to direct research from a pathophysiological perspective so that we could understand what we need to research in future to get a better understanding of how to more effectively treat this. I didn't expect that to morph into a commentary about pending medical interventions that might be compromised by my work. Yeah. This this is it's fascinating.

Interestingly, I put the the link to it. It's a citation, from the paper. But there you can't you'd have to probably go to the publication to read it unless you have the PDF. I didn't have a link for the PDF on it. But in it, you know, Shankara, it it's quite clear.

And strangely, as hard as it is for the academic community to to acknowledge, you are spot on because you had observed the patients at that time. You were seeing as as I'm just gonna show it here again. You were seeing because this was, as you said, by May, you had identified the unusual symptoms with the hypoxemia, the sudden onset, sudden rapidly progressive, breathing difficulties, you know, they drop in the saturations. You are looking at the autopsy findings with heavy edematous lungs and the microclots. Critically, these microclots, the multiple organ involvement, disseminated intra intravascular, complications.

You're looking at some of the chronic manifestations that could occur because of it on unusual outcomes. This this was quite profound at the time. I'm I'm I'm telling you, you know, is that it's fascinating to think that the clinical and the scientific community would find criticism of this really forward thinking document in 2020, May 2020. Just get for people to remember this was in May 2020. This was even before Oxford had realized about dexamethasone.

This is quite fascinating. You were using steroids before Oxford did the recovery trial on steroids, and people would want to punish you for that. This is this is just unbelievable. I think, Philip, that that informed my opinion of the narrative around the pandemic. That exact lack of acknowledgment, lack of accreditation, informed my decisions.

I understood that I found something remarkable, and why wouldn't the world want to listen to it? So the lack of acknowledgment was more telling than any acknowledgment I got. And so I started to look at things in a different light from that point on. I I had the knowledge that we're dealing with a the probability of a lab made, pathogen at that point. And when I noticed the, illogic of the agenda, the lack of acknowledgment for the discoveries I've made, I understood that I was dealing with a far bigger picture.

And I think the last few lines of that article are what made it controversial because I mentioned in that that, if early treatment could negate a lot of the mortality and morbidity in the pandemic, it would make an mRNA based intervention rush to market wholly unnecessary. And, of course, I did say that the messenger that the

mRNA was wholly unnecessary. Even the rushing to market would have been unnecessary because we've found a way to negate the mortality and morbidity and could take our time to develop an appropriate strategy with all the safety and efficacy built into it and confirmed from it. You know, it's interesting because I did find that right at the end of your paper in mid 2020. You made the point that if you if there is a solution like this, you know, we can treat patients, and we don't need to do any other kind of intervention.

This is probably what got you into hot water with this, and this is probably why this information anyway, let let look at this. I just wanted to add. When I wrote the article, I knew that it was going to be controversial. I had seen the paper that had come out about hydroxychloroquine and, you know, there was all this false reporting by profound journals that should have been, the mainstream. And so I thought, which peers should I approach?

And I approached 2 friends of mine, 1 a senior gynecologist and 1 a a cardiothoracic surgeon. He was, the cardiothoracic was actually in Italy at the time looking at COVID, and I sent them both this article and asked their opinion. I got a response within an hour to say it's the most immaculate piece of science they've seen, but both advised me to remove that last sentence about the vaccine. And I said, no, it needs to be put there. It needs to be understood in the context of what we're dealing with.

And little did I realize that, yeah, it would be the most controversial statement in that paper. Wow. So listen, just so, people understand because we're gonna wrap up now, Shankara, as we continue to explore these thoughts, I I think that some of what we said there was so almost, what's the word? So serious. I have a feeling that those words may not necessarily want to be seen.

So if you want to see the full discussion, you must follow the link that will be put below, on the sub stack because I think I'll leave there's some parts of this that are almost too serious that, I suspect those who do not wish this kind of conversation to occur would therefore want it to be taken away. So, yes, folks who are with us, thank you. This is a Thursday evening, and so we appreciate the people who are here with us. But this is some pretty significant clinical stuff, and I still maintain that doctor

Shetty has been there from the start observing the clinical patterns. I can't think of anybody better to try and work out the directions that things could go.

So, Shankara, any final words before we leave? I think, a little bit of hope for people, to understand how bacteria and viruses actually cause more morbidity and mortality in their hosts. Our immunity is a pretty remarkable thing, and it can take care of almost any virus or bacteria on the planet. We developed that immunity through exposure in childhood and build up this library of things we can ignore. So I don't think immunity is a problem.

We'll we'll be able to tackle any virus or any bacteria thrown at us. However, the mortality and morbidity from these infections is caused by a host response, not by but but not by the virulence of the pathogen itself. So the virulence of a pathogen is its ability to trigger a serious host response that eventually kills the host. So if we gain a decent understanding of how to curb these unusual host responses, then we can deal with any pathogen that's thrown at us. If you look at Ebola, you got the western variant and you got the wild type.

The western variant does not kill. The wild type does. And its its lethality rests in its ability to trigger a cytokine storm. So if we can gain an understanding of how cytokine storms are triggered by different pathogens and the treatment necessary to negate those, then we can deal with any pathogen thrown at us. So there is hope for the future.

Absolutely agreed. So listen, guys. Remember to stay with us. We are right at the front of this trying to figure it out. So if you want to join in the research journey, please continue to stay and listen with this kind of work.

Have a great evening, everybody. Shankar, if you could just hang fire with me. Thanks, Eric.